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Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2011 or other tax year beginning **OCT 1, 2011** and ending **SEP 30, 2012**

2011

Open to Public Inspection for
501(c)(3) Organizations Only

<input type="checkbox"/> Check box if address changed	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions)	D Employer identification number (Employees' trust, see instructions)
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	YELLOWSTONE ASSOCIATION	03-0374417
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 117	E Unrelated business activity codes (See instructions)
	City or town, state, and ZIP code YELLOWSTONE NATIONAL PARK, WY 82190-0117	531110
C Book value of all assets at end of year 16,738,135.	F Group exemption number (See instructions.)	
	G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Describe the organization's primary unrelated business activity. **RESIDENTIAL RENTAL REAL ESTATE**

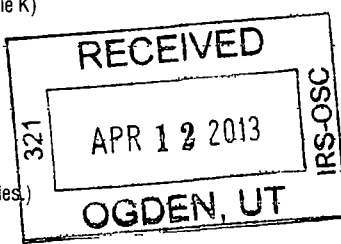
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **JEFF BROWN, EXECUTIVE DIRECTOR** Telephone number **406-848-2845**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7	6,966.	41,570.
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule.)	12		
13 Total. Combine lines 3 through 12	13	6,966.	41,570.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income)

14 Compensation of officers, directors, and trustees (Schedule K)	14		
15 Salaries and wages	15		
16 Repairs and maintenance	16		
17 Bad debts	17		
18 Interest (attach schedule)	18		
19 Taxes and licenses	19		
20 Charitable contributions (See instructions for limitation rules.)	20		
21 Depreciation (attach Form 4562)	21	32,978.	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	32,978.	22b 0.
23 Depletion	23		
24 Contributions to deferred compensation plans	24		
25 Employee benefit programs	25		
26 Excess exempt expenses (Schedule I)	26		
27 Excess readership costs (Schedule J)	27		
28 Other deductions (attach schedule)	28		
29 Total deductions. Add lines 14 through 28	29		0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		<34,604.>
31 Net operating loss deduction (limited to the amount on line 30)	31		0.
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		<34,604.>
33 Specific deduction (Generally \$1,000, but see instructions for exceptions)	33		1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		<34,604.>



SCANNED APR 16 2013

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
 Controlled group members (sections 1561 and 1563) check here See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
 (1) \$ _____ (2) \$ _____ (3) \$ _____

b Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$ _____
 (2) Additional 3% tax (not more than \$100,000) \$ _____

c Income tax on the amount on line 34 **▶** **35c** **0.**

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:
 Tax rate schedule or Schedule D (Form 1041) **▶** **36**

37 Proxy tax. See instructions **▶** **37**

38 Alternative minimum tax **▶** **38**

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies **▶** **39** **0.**

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a**

b Other credits (see instructions) **40b**

c General business credit. Attach Form 3800 **40c**

d Credit for prior year minimum tax (attach Form 8801 or 8827) **40d**

e Total credits. Add lines 40a through 40d **40e**

41 Subtract line 40e from line 39 **41** **0.**

42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) **42**

43 Total tax. Add lines 41 and 42 **43** **0.**

44 a Payments: A 2010 overpayment credited to 2011 **44a**

b 2011 estimated tax payments **44b**

c Tax deposited with Form 8868 **44c**

d Foreign organizations: Tax paid or withheld at source (see instructions) **44d**

e Backup withholding (see instructions) **44e**

f Credit for small employer health insurance premiums (Attach Form 8941) **44f**

g Other credits and payments: Form 2439 Form 4136 Other **2,424.** Total **▶** **44g** **2,424.**

45 Total payments. Add lines 44a through 44g **SEE STATEMENT 1** **45** **2,424.**

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached **46**

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed **▶** **47**

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **▶** **48** **2,424.**

49 Enter the amount of line 48 you want: **Credited to 2012 estimated tax** **Refunded** **▶** **49** **2,424.**

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **▶** **Yes** **No**

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file **▶** **Yes** **No**

3 Enter the amount of tax-exempt interest received or accrued during the tax year **▶** \$ **Yes** **No**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **▶** **N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs	4a				<input checked="" type="checkbox"/>
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here **▶** *[Signature]* **3/22/13** **▶** **EXECUTIVE DIRECTOR** **▶** **Yes** **No**
 Signature of officer Date Title May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶			
Firm's address ▶	Phone no.			

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)
0.		0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule) STATEMENT 2	(b) Other deductions (attach schedule) STATEMENT 3	
(1) ARCH HOUSE, GARDINER, MT	0.	5,721.	6,885.	
(2) JARDINE CONDOS, GARDINER MT	12,093.	27,257.	35,031.	
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) STATEMENT 4	5. Average adjusted basis of or allocable to debt-financed property (attach schedule) STATEMENT 5	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) 51,346.	113,732.	45.15%		5,692.
(2) 839,232.	1,456,954.	57.60%	6,966.	35,878.
(3)		%		
(4)		%		
Totals			6,966.	41,570.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)	
			0.	0.	

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5 but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T	OTHER CREDITS AND PAYMENTS	STATEMENT	1
DESCRIPTION		AMOUNT	
EXCISE TAXES REFUND		2,424.	
TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART IV, LINE 44G		2,424.	

FORM 990-T	SCHEDULE E - DEPRECIATION DEDUCTION	STATEMENT	2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		5,721.	
- SUBTOTAL -	1		5,721.
DEPRECIATION		27,257.	
- SUBTOTAL -	2		27,257.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)			32,978.

FORM 990-T	SCHEDULE E - OTHER DEDUCTIONS	STATEMENT	3
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
MAINTENANCE		9.	
INTEREST		3,140.	
UTILITIES & OTHER		486.	
TAXES		2,984.	
INSURANCE		266.	
- SUBTOTAL -	1		6,885.
INTEREST		18,008.	
UTILITIES & OTHER		3,456.	
INSURANCE		1,353.	
TAXES		3,172.	
MAINTENANCE		9,042.	
- SUBTOTAL -	2		35,031.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			41,916.

FORM 990-T . AVERAGE ACQUISITION DEBT ON OR STATEMENT 4
 ALLOCABLE TO DEBT-FINANCED PROPERTY

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
ARCH HOUSE, GARDINER		51,346.	
- SUBTOTAL -	1		51,346.
JARDINE CONDOS, GARDINER, MT		839,232.	
- SUBTOTAL -	2		839,232.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4			890,578.

FORM 990-T . AVERAGE ADJUSTED BASIS OF OR STATEMENT 5
 ALLOCABLE TO DEBT-FINANCED PROPERTY

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
ARCH HOUSE, GARDINER		113,732.	
- SUBTOTAL -	1		113,732.
JARDINE CONDOS, GARDINER, MT		1,456,954.	
- SUBTOTAL -	2		1,456,954.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 5			1,570,686.

2011 DEPRECIATION AND AMORTIZATION REPORT

ARCH HOUSE, GARDINER, MT

E-

1

Asset No	Description	Date Acquired	Method	Life	Conv	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction in Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
27	ARCH HOUSE	03/03/03	SL	20.00		16	105,998.				105,998.	45,491.		5,300.	50,791.
38	ARCH HOUSE - INSULATION	12/29/05	SL	10.00		16	1,370.				1,370.	799.		137.	936.
49	ARCH HOUSE - BATH REMODEL	06/01/11	SL	10.00		16	2,843.				2,843.	95.		284.	379.
	* 990-T SCH E TOTAL OTHER						110,211.				110,211.	46,385.		5,721.	52,106.

2011 DEPRECIATION AND AMORTIZATION REPORT

JARDINE CONDOS, GARDINER MT

E- 2

Asset No	Description	Date Acquired	Method	Life	Conv	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction in Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
77	JARDINE CONDOS	05/01/12	SL	25.00		16	1,233,900.				1,233,900.			20,566.	20,566.
78	FURNISHINGS FOR CONDOS	05/01/12	SL	7.00		16	108,019.				108,019.			6,342.	6,342.
79	FURNISHINGS FOR CONDOS	05/01/12	SL	5.00		16	3,278.				3,278.			259.	259.
80	FURNISHINGS FOR CONDOS - GRILL	05/01/10	SL	5.00		16	448.				448.	127.		90.	217.
	* TOTAL 990-T SCH E DEPR						1,345,645.				1,345,645.	127.		27,257.	27,384.

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868
Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions YELLOWSTONE ASSOCIATION	Employer identification number (EIN) or <input checked="" type="checkbox"/> 03-0374417
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions PO BOX 117	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. YELLOWSTONE NATIONAL PARK, WY 82190-011	

Enter the Return code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JEFF BROWN, EXECUTIVE DIRECTOR

- The books are in the care of ▶ **305 PARK STREET - GARDINER, MT 59030**
 Telephone No ▶ **406-848-2845** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ▶ calendar year _____ or
 ▶ tax year beginning **OCT 1, 2011**, and ending **SEP 30, 2012**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879 EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Per data tracking global founprmt spreadsheet

	Bus 7	Bus 8	Bus 9	Bus 10	Bus 11	Bus 15	Bus 16	Bus 17	Bus 18	Bus 19	Mivan	Phoi	Astrov	Blazer	Warehouse Van	Warehouse Truck	New Truck Econo	Prus	Sustan Total	Expense Reimbmt/MC	Total *
Oct-11		38 281	7 246	22 332		11 918	68 618	43 773	55 937	76 265	31 806	17 190	37 221	39 230	15 788	99 371	46 443	23 814	635 233		635 233
Nov-11	18 445	84 458									41 509	30 304		-8 640	16 820		56 400	8 949	305 525		305 525
Dec-11	35 213	77 751	32 436			31 478	42 086			17 288	43 434	-40 827	48 553	34 116	13 095	59 300	39 191	16 236	531 004	38 126	569 130
Jan-12	66 883	90 233	105 883	29 088	55 222	90 212	102 448	25 307	21 755	11 289	10 740	12 524	25 034	49 597		36 511		16 676	749 402	8 169	757 571
Feb-12	67 493	48 557	104 397	53 370	72 482	80 777	58 006				60 038	30 835	18 529	21 392			15 378	28 673	650 127		650 127
Mar-12	42 997	41 126		79 451	12 161	50 709	25 697				22 862	28 115	78 619	24 194			21 682	22 619	471 914		471 914
Apr-12	24 987						-6 759	14 525	10 051	19 255	12 486	45 296	20 927	25 419	34 636		33 950	23 909	312 180		312 180
May-12	63 244	71 955	38 234	109 958	58 382	117 515	91 732	89 012	107 522	108 613	82 639	38 553	56 293	13 703	111 416	94 724	117 013	33 928	1 404 436		1 404 436
Jun-12	118 660	151 512	162 092	147 370	139 274	147 842	97 153	133 213	130 083	223 116	92 141	88 280	59 377	14 024	61 054	73 272	132 832	28 919	2 000 214	6 259	2 006 473
Jul-12	118 080	143 839	38 828	193 551	138 800	179 776	95 777	196 281	181 510	133 933	134 641	85 133	69 013	27 144	18 557	86 377	163 563	33 019	2 057 822	6 804	2 064 626
Aug-12	123 073	119 038	150 406	128 221	138 481	144 421	96 946	251 274	247 935	240 183	175 393	99 162	63 240	24 828	5 911	145 678	138 365	12 920	2 305 475	25 182	2 330 657
Sep-12	95 167	67 287	95 289	86 977	138 139	124 125	161 683	188 811	156 058	178 247	84 842	90 633	14 769	27 406	75 736		113 244	19 732	1 718 165	19 645	1 737 810
																			13,141 497	104 185	13,245 682

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ **File a separate application for each return.**

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Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print	Name of exempt organization or other filer, see instructions. YELLOWSTONE ASSOCIATION	Employer identification number (EIN) or <input checked="" type="checkbox"/> 03-0374417
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 117	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. YELLOWSTONE NATIONAL PARK, WY 82190-011	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JEFF BROWN, EXECUTIVE DIRECTOR

- The books are in the care of ▶ **305 PARK STREET - GARDINER, MT 59030**
 Telephone No. ▶ **406-848-2845** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ▶ calendar year _____ or
 ▶ tax year beginning **OCT 1, 2011**, and ending **SEP 30, 2012**

2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453 EO and Form 8879-EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2012)